Division of Health Care Facilities

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Base facilit physic environment of the facility of the birder of the facility	ed on observat ty failed to mai ical plant of ov	ion, it was determined the ntain the conditions of the		Affected: Resident residing in the facility have the poten	_	
On 9/ the bi roof g a pud The fi Admii Direct	This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the conditions of the physical plant of overall Nursing Home environment  The finding included:			Resident residing in the facility have the potential to		
N 901 1200-	1/10/13 at 2:05 building behind gutter was bro ddle next to the finding was ac inistrator and v	PM observation at the rear of the 'A' hall East revealed the cen and the water had created		Monitoring: These findings will be presented by Maintena the monthly Quality Assurance Committee mox3 months which is attended by the Executive Director, Director of Nursing, Medical director Social Services, Activity Director to determine compliance.	onthly or,	
requir regula codes comp waive be in	red applicable ations at the ti- s or regulation diance is main ers of specific compliance w codes or regula	me which complies with the building and fire safety me the board adopts new is will, so long as such tained (either with or without provisions), be considered to the requirements of the	N 901			
vision of Health Cal BORATORY DIRECT ATE FORM		ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	adminitrator	(X6) PATE	

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Division	n of Health Care Fac	ilities			FORM APPROVE	
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - BOULEVARD TERRAACE NURSING HOME B. WING		(X3) DATE SURVEY COMPLETED 09/10/2013	
NAME OF		TN7502				
	PROVIDER OR SUPPLIER 'ARD TERRACE REH	ABILITATION AND 1530 MID.	DLE TENNE	STATE, ZIP CODE SSEE BLVD N 37130		
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIBENTIFYING INFORMATION)	1D	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CORRESPOND TO THE ADDITION OF T	D BE COMPLETE	
N 901	This Rule is not me Based on testing and determined facility applicable building. The finding include On 9/10/13 at 11:00 lights in rooms 21 at The finding was accepted.	et as evidenced by: nd observations, it was failed to comply with the and fire safety regulations. d: 5 AM testing revealed the night and 28 were not working.	N 901	N901 Building standards  Residents Affected/Potentially Affected Deficient Practice: Room 21 and 28 night light replaced.  Identification of Other Residents P Affected: Resident residing in the facility have be affected.  Measures/Systemic Changes Imple: Audit weekly X4 then monthly X3 by Director of night lights by Maintenan Monitoring: These findings will be presented by the monthly Quality Assurance Comm x3 months which is attended by the Expirector, Director of Nursing, Medica Social Services, Activity Director to decompliance.	otentially the potential to mented: Maintenance ce. Maintenance in nittee monthly secutive	
SION OF HE	aun Care Facilities	86	w vo	DZY21 9/24/13	f continuation sheet 2 of	